

Form **1120S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ See separate instructions.

OMB No. 1545-0130

2008

For calendar year 2008 or tax year beginning , 2008, ending

A S election effective date 01/01/08	Use the IRS label. Otherwise, print or type.	Name Nationwide Maintenance, Inc.	D Employer identification number 13-3987385
B Business activity code number (see instructions) 238900		Number, street, and room or suite no. If a P.O. box, see instructions. 175 Main Street, Ste 202	E Date incorporated 01/14/98
C Check if Sch M-3 attached <input type="checkbox"/>		City or town, state, and ZIP code Mount Kisco NY 10549	F Total assets (see instructions) \$ 107,614.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If 'Yes,' attach Form 2553 if not previously filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☒ Address change
(4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year 1**Caution.** Include *only* trade or business income and expenses on lines 1a through 21. See the instructions for more information.

INCOME	1 a Gross receipts or sales .. 2,702,894.	b Less returns and allowances .. 498.	c Bal ▶	1 c	2,702,396.
	2 Cost of goods sold (Schedule A, line 8)			2	915,498.
	3 Gross profit. Subtract line 2 from line 1c			3	1,786,898.
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement)			5	
	6 Total income (loss). Add lines 3 through 5			6	1,786,898.
DEDUCTIONS SEE INSTRUCTIONS	7 Compensation of officers			7	289,800.
	8 Salaries and wages (less employment credits)			8	735,914.
	9 Repairs and maintenance			9	5,887.
	10 Bad debts			10	
	11 Rents			11	74,973.
	12 Taxes and licenses			12	184,980.
	13 Interest			13	
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			14	20,042.
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	5,761.
	17 Pension, profit-sharing, etc, plans			17	
	18 Employee benefit programs			18	
	19 Other deductions (attach statement) * . STMT.			19	512,130.
	20 Total deductions. Add lines 7 through 19			20	1,829,487.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	-42,589.
TAX AND PAYMENTS	22 a Excess net passive income or LIFO recapture tax (see instructions)	22 a		22 c	
	b Tax from Schedule D (Form 1120S)	22 b			
	c Add lines 22a and 22b (see instructions for additional taxes)				
	23 a 2008 estimated tax payments and 2007 overpayment credited to 2008	23 a		23 d	
	b Tax deposited with Form 7004	23 b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23 c			
	d Add lines 23a through 23c				
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached			24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26 Credited to 2009 estimated tax ▶			27		
			Refunded ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

President

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No**Paid Preparer's Use Only**

Preparer's signature

James DeMinno

Date

07/10/09

Check if self-employed ☒

Preparer's SSN or PTIN

P00025684

Firm's name (or yours if self-employed), address, and ZIP code

JAMES DEMINNO, CPA, PC

337 NORTH MAIN STREET, SUITE 13

NEW CITY

NY 10956

Phone no. (845) 638-4527

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SPSA0112 12/30/08

Form 1120S (2008)

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	507,913.
3	Cost of labor.....	3	249,383.
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....*. STMT.....	5	158,202.
6	Total. Add lines 1 through 5.....	6	915,498.
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2.....	8	915,498.

9a Check all methods used for valuing closing inventory:

- (i) ☐ Cost as described in Regulations section 1.471-3
 (ii) ☐ Lower of cost or market as described in Regulations section 1.471-4
 (iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c)..... ▶ ☐c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)..... ▶ ☐d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO..... **9d** ☐e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?..... ☐ Yes ☐ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation..... ☐ Yes ☐ No**Schedule B Other Information** (see instructions)

	Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the: a Business activity ▶ <u>Construction</u> b Product or service... ▶ <u>Construction</u>		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?.....		X
4 Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?.....		X
5 Check this box if the corporation issued publicly offered debt instruments with original issue discount..... ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
6 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years..... ▶ \$		
7 Enter the accumulated earnings and profits of the corporation at the end of the tax year..... \$		
8 Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L and M-1.....		X

Schedule K Shareholders' Pro Rata Share Items

	Total amount
1 Ordinary business income (loss) (page 1, line 21).....	1 -42,589.
2 Net rental real estate income (loss) (attach Form 8825).....	2
3a Other gross rental income (loss)..... 3a	
b Expenses from other rental activities (attach statement)..... 3b	
c Other net rental income (loss). Subtract line 3b from line 3a..... 3c	
4 Interest income.....	4
5 Dividends: a Ordinary dividends..... 5a	
b Qualified dividends..... 5b	
6 Royalties.....	6
7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)).....	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))..... 8a	
b Collectibles (28%) gain (loss)..... 8b	
c Unrecaptured section 1250 gain (attach statement)..... 8c	
9 Net section 1231 gain (loss) (attach Form 4797).....	9
10 Other income (loss) (see instructions).....	10

INCOME (LOSSES)

	Shareholders' Pro Rata Share Items (continued)	Total amount
Deductions	11 Section 179 deduction (<i>attach Form 4562</i>).....	11
	12a Contributions.....Cash contribution..(50%).....	12a 1,530.
	b Investment interest expense.....	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)
	d Other deductions (<i>see instructions</i>)... Type ▶	12d
Credits	13a Low-income housing credit (section 42(j)(5)).....	13a
	b Low-income housing credit (other).....	13b
	c Qualified rehabilitation expenditures (rental real estate) (<i>attach Form 3468</i>).....	13c
	d Other rental real estate credits (<i>see instrs</i>) Type ▶	13d
	e Other rental credits (<i>see instrs</i>) Type ▶	13e
	f Alcohol and cellulosic biofuel fuels credit (<i>attach Form 6478</i>).....	13f
	g Other credits (<i>see instructions</i>) Type ▶	13g
Foreign Trans- actions	14a Name of country or U.S. possession..... ▶	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level.....	14c
	<i>Foreign gross income sourced at corporate level</i>	
	d Passive category	14d
	e General category	14e
	f Other (<i>attach statement</i>).....	14f
	<i>Deductions allocated and apportioned at shareholder level</i>	
	g Interest expense	14g
	h Other	14h
	<i>Deductions allocated and apportioned at corporate level to foreign source income</i>	
	i Passive category	14i
	j General category	14j
	k Other (<i>attach statement</i>).....	14k
<i>Other information</i>		
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
m Reduction in taxes available for credit (<i>attach statement</i>).....	14m	
n Other foreign tax information (<i>attach statement</i>)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties — gross income	15d
	e Oil, gas, and geothermal properties — deductions.....	15e
	f Other AMT items (<i>attach statement</i>)	15f
Items Affect- ing Share- holder Basis	16a Tax-exempt interest income.....	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Property distributions	16d
	e Repayment of loans from shareholders.....	16e
Other Inform- ation	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (<i>attach statement</i>)	
Recon- ciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right col- umn. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14l...	18 -44,119.

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Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		-29,375.		-12,828.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement) .. Ln. 9. St. ...		5,000.		5,000.
10a	Buildings and other depreciable assets	245,704.		245,704.	
b	Less accumulated depreciation	110,220.	135,484.	130,262.	115,442.
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach stmt)				
15	Total assets		111,109.		107,614.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt) .. Ln. 18. St. ...				120,443.
19	Loans from shareholders		110,114.		30,295.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		10,000.		10,000.
23	Additional paid-in capital				
24	Retained earnings		-9,005.		-53,124.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		111,109.		107,614.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

1	Net income (loss) per books	-44,119.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest . \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14f (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 14f, not charged against book income this year (itemize):	
a	Depreciation		a	Depreciation \$	
b	Travel and entertainment . \$		7	Add lines 5 and 6	
4	Add lines 1 through 3	-44,119.	8	Income (loss) (Schedule K, ln 18). Ln 4 less ln 7 ...	-44,119.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	-9,005.	
2	Ordinary income from page 1, line 21		
3	Other additions		
4	Loss from page 1, line 21	42,589.	
5	Other reductions	1,530.	
6	Combine lines 1 through 5	-53,124.	
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	-53,124.	

Schedule K-1
(Form 1120S)
2008

 Department of the Treasury
 Internal Revenue Service

For calendar year 2008, or tax

year beginning _____, 2008

ending _____,

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 of form and separate instructions.

Part I Information About the Corporation
A Corporation's employer identification number
 13-3987385

B Corporation's name, address, city, state, and ZIP code
 Nationwide Maintenance, Inc.
 175 Main Street, Ste 202
 Mount Kisco, NY 10549

C IRS Center where corporation filed return
 Cincinnati, OH 45999-0013

Part II Information About the Shareholder
D Shareholder's identifying number
 099-58-0599

E Shareholder's name, address, city, state, and ZIP code
 Marcie Manfredonia
 57 Roosevelt Dr
 Bedford Hills, NY 10507

F Shareholder's percentage of stock
 ownership for tax year 100.00000 %

 FOR
 IRS
 USE
 ONLY

☐ Final K-1

☐ Amended K-1

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	-42,589.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
A	1,530.		
		17	Other information

*See attached statement for additional information.

Form 1120S, Page 1, Line 19

Other Deductions

Alarms	1,589.
Vehicle Expense	218,683.
Bank Fees	9,138.
Credit Card Fees	485.
Client Refund	4,665.
Dues	124.
Bank fees	1,588.
Insurance	155,047.
Licenses	2,326.
Fee	4.
Office Expenses	24,012.
Office Supplies	10,909.
Postage	7,631.
Power Washing	270.
Professional Development	325.
Professional Fees	22,095.
Sanitation	1,528.
Telephone	48,681.
Meals @ 50%	379.
Utilities	2,651.
Total	512,130.

Form 1120S, Page 2, Schedule A, Line 5

Schedule A, Other Costs

Petty Cash	4,920.
Dump Fees	11,762.
Employee Expense	681.
Petty Cash	31,347.
COGS	46,281.
Utility	491.
Office Expense	17,491.
Subcontractors	35,037.
Bank Fees	5,833.
Professional Fees	3,500.
Auto	859.
Total	158,202.

Other Investments:

1120S, Schedule L, Line 9

Other Investments:	Beginning of tax year	End of tax year
San Mar Construction	5,000.	5,000.
Total	5,000.	5,000.

Other Current Liabilities:
1120S, Schedule L, Line 18

Other Current Liabilities:	Beginning of tax year	End of tax year
<u>Citibank Overdraft</u>		<u>120,443.</u>
Total		<u><u>120,443.</u></u>

Form 1120S, Page 4, Schedule M-2, Line 5
Schedule M-2, Other Reductions

<u>Charitable contributions</u>	<u>1,530.</u>	<u></u>
Total	<u><u>1,530.</u></u>	

Supporting Statement of:

Form 1120S p1-2/Line 11

Description	Amount
Equipment	22,534.
Office	51,952.
Other	487.
Total	<u>74,973.</u>

Supporting Statement of:

Form 1120S p1-2/State Inc Taxes

Description	Amount
NY State	2,881.
NY City	3,135.
Total	<u>6,016.</u>

Supporting Statement of:

Form 1120S p1-2/Payroll Taxes

Description	Amount
SS	51,881.
Medicare	14,756.
FUTA	1,883.
SUI	19,623.
Total	<u>88,143.</u>

Supporting Statement of:

Form 1120S p1-2/Other Misc Taxes

Description	Amount
Sales Tax	90,821.
Total	<u>90,821.</u>

Supporting Statement of:

Form 1120S p1-2/Sch A, Line 2

Description	Amount
Materials	81,970.
Supplies	52,801.
Credit Card Purchase	239,349.
Supply	133,793.
Total	<u>507,913.</u>

2008

CT-3-S

[Staple forms here]
New York State Department of Taxation and Finance

**New York S Corporation
Franchise Tax Return**
Tax Law — Articles 9-A and 22

All filers must enter tax period:

Final return ☐
(see instructions)

Amended return ☐

beginning ☐ 01-01-08 ending ☐ 12-31-08

Employer identification number

File number

Business telephone number

☐ 13-3987385☐ AA3 914-747-6060

If you have any subsidiaries
incorporated outside NYS,
mark an X in the box ☐

If you claim an
overpayment, mark
an X in the box ☐

Legal name of corporation

NATIONWIDE MAINTENANCE, INC.

Trade name/DBA

Mailing name (if different from legal name above)

State or country of incorporation

Date received (Tax Department use only)

c/o

Number and street or PO box

175 MAIN STREET, STE 202

NY

Date of incorporation

01-14-98

City

MOUNT KISCO

State ZIP code

NY 10549

Foreign corporations: date began
business in NYS

NAICS business code number (from federal return)

☐ 238900

If address above
is new, mark an
X in the box ☐

☒ X

If your name, employer identification number, address,
or owner/officer information has changed, you must file
Form DTF-95. If only your address has changed, you may
file Form DTF-96. You can get these forms from our Web
site, by phone, or by fax. See the *Need help?* in the
instructions.

Audit (Tax Department use only)

Principal business activity CONSTRUCTION

Has the corporation revoked its election to be treated as a New York S corporation?

Number of shareholders

Yes ☐No ☐☒ X

If Yes, enter effective date:

☐

1

Payment enclosed

A Pay amount shown on line 46. Make payable to: **New York State Corporation Tax**

◀ Attach your payment here. Detach all check stubs. (see instructions for details.) ☐ A.

**You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-3-S-ATT
(if required, see instructions); and (4) any applicable credit claim forms.**

B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here: •

C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS... ☐

D Have you underreported your tax due on past returns? To correct this without penalty, visit us at www.nystax.gov

E Enter your business allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100). • 100.0000 %

F Enter your investment allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100). • 100.0000 %

G Did the S corporation make an IRC section 338 or 453 election? Yes • No • ☒ X

H Did this entity have an interest in real property located in New York State during the last three years?... Yes • No • ☒ X

I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes • No • ☒ X

J If the IRS has completed an audit of any of your returns within the last five years, list years:

K If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions). Normal accounting rules Daily pro rata allocation

L Issuer's allocation percentage (see instructions) • 100.0000 %

M Mark an X in the box if you are filing Forms CT-3-S as a result of the mandatory New York S election of Tax Law section 660(i) ☐

NYS0312 11/21/08

44001081030

Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1	Ordinary business income or loss	• 1.	-42,589.
2	Net rental real estate income or loss	• 2.	
3	Other net rental income or loss	• 3.	
4	Interest income	• 4.	
5	Ordinary dividends	• 5.	
6	Royalties	• 6.	
7	Net short-term capital gain or loss	• 7.	
8	Net long-term capital gain or loss	• 8.	
9	Net section 1231 gain or loss	• 9.	
10	Other income or loss	• 10.	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)		

Beginning of tax year • End of tax year •

12 Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)

Beginning of tax year • 111,109. End of tax year • 107,614.

13 Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)

Beginning of tax year • 110,114. End of tax year • 30,295.

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A	B	C
	Accumulated adjustments account	Other adjustments account	Shareholders' undistributed taxable income previously taxed
14 Balance at beginning of tax year	-9,005. •		
15 Ordinary income from federal Form 1120S, page 1, line 21			
16 Other additions			
17 Loss from federal Form 1120S, page 1, line 21	42,589. •		
18 Other reductions	1,530. •		
19 Add lines 14 through 18	-53,124. •		
20 Distributions other than dividend distributions			
21 Balance at end of tax year. Subtract line 20 from line 19	-53,124. •		

Computation of tax (see instructions)

You must enter an amount on line 22; if none, enter 0.

22	New York receipts	• 22.	2,702,396.
23	Fixed dollar minimum tax	• 23.	1,000.
24	Recapture of tax credits	• 24.	
25	Total tax after recapture of tax credits (add lines 23 and 24)	• 25.	1,000.
26	Special additional mortgage recording tax credit (from Form CT-43)	• 26.	
27	Tax due after tax credits (subtract line 26 from line 25)	• 27.	1,000.

13-3987385

First installment of estimated tax for the next tax period:

28 Enter amount from line 27 28. 1,000.
29 If you filed a request for extension, enter amount from Form CT-5.4, line 2. • 29.
30 If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28.
Otherwise enter 0 ■ 30.
31 Add line 28 and line 29 or 30 31. 1,000.

Composition of prepayments: (see instructions):

Date paid

Amount

32 Mandatory first installment 32.
33 Second installment from Form CT-400. 33.
34 Third installment from Form CT-400. 34.
35 Fourth installment from Form CT-400. 35.
36 Payment with extension request from Form CT-5.4 36. 03-15-09 1,000.
37 Overpayment credited from prior years 37.
38 Total prepayments (add lines 32 through 37) • 38. 1,000.
39 Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0). 39. 0.
40 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached). • 40. 0.
41 Interest on late payment. • 41.
42 Late filing and late payment penalties • 42.
43 Balance (add lines 39 through 42). 43.

Voluntary gifts/contributions (see instructions):

44a Return a Gift to Wildlife. ■ 44a.
44b Breast Cancer Research and Education Fund ■ 44b.
44c Prostate Cancer Research, Detection, and Education Fund. ■ 44c.
44d National 9/11 Memorial ■ 44d.
45 Add lines 31, 40, 41, 42, and 44a through 44d. 45. 1,000.
46 Balance due (if line 38 is less than line 45, subtract line 38 from line 45 and enter here.
this is the amount due; enter your payment amount on line A on page 1). ■ 46.
47 Overpayment (if line 38 is more than line 45, subtract line 45 from line 38 and
enter here. This is the amount of your overpayment; see instructions.). 47.
48 Amount of overpayment to be credited to next period. ■ 48.
49 Refund of overpayment (subtract line 48 from line 47). ■ 49.
50 If you claim a refund of unused special additional mortgage recording tax credit, enter the amount from
Form CT-43, line 13 (see instructions). ■ 50.
51 Amount of special additional mortgage recording tax credit to be applied as an
overpayment to next period. ■ 51.

Third-party designee (see instrs) Yes X No
Designee's name (print)
Designee's e-mail address

Preparer

Designee's phone number

PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person

Signature of authorized person

Official title PRESIDENT

Date

Paid preparer use only

E-mail address of authorized person

Firm's name (or yours if self-employed)

JAMES DEMINNO, CPA, PC

ID number ■ P00025684

Signature of individual preparing this return

James DeMinno

Address
City

337 NORTH MAIN STREET, SUITE 13
NEW CITY

State NY ZIP code 10956

Date 07-10-09

E-mail address of individual preparing this return jim@jdeminnocpa.com

See instructions for where to file.

44003081030

Computation and Allocation of Capital and Issuer's Allocation Percentage Worksheet

2008

Name
Nationwide Maintenance, Inc.

Employer Identification Number
13-3987385

Computation and Allocation of Capital

	A Beginning of year	B End of year	C Average value	
1 Total assets from federal return	111,109.	107,614.	109,362.	
2 Real property and marketable securities included on line 1				
3 Subtract line 2 from line 1	111,109.	107,614.	109,362.	
4 Real property and marketable securities at fair market value				
5 Adjusted total assets (add lines 3 and 4)	111,109.	107,614.	109,362.	
6 Total liabilities	110,114.	150,738.	130,426.	
7 Total capital (subtract line 6, column C, from line 5, column C)				7 -21,064.
8 Subsidiary capital (from line 17)				8
9 Business and investment capital (subtract line 8 from line 7)				9 -21,064.
10 Investment capital (from Form CT-3-ATT, pg 2, line 38, column E)				10 0.
11 Business capital (subtract line 10 from line 9)				11 -21,064.
12 Allocated investment capital (multiply line 10 by 100.0000 % (from Form CT-3-ATT, pg 2, line 36))				12 0.
13 Allocated business capital (multiply line 11 by 100.0000 % (from Form CT-3-ATT, pg 1-2, lines 18, 32, or 34))				13 -21,064.
14 Allocated subsidiary capital (from line 18)				14
15 Issuer's allocation percentage or license fee allocation percentage (add lines 12, 13, and 14, and divide by line 7; enter here and on page 1, line L of Form CT-3-S)				15 100.0000 %

Computation and Allocation of Subsidiary Capital

Include all corporations (except a DISC) in which you own more than 50% of the voting stock.

A Item	Description of subsidiary capital					EIN
	B Percentage Voting stock owned	C Average value	D Liabilities directly or indirectly attributable to investment capital	E Net average value (column C minus column D)	F Issuer's allocation percentage	G Value allocated to New York State (column E x column F)
A						
B						
C						
Amounts from attached list						
16	Totals (add amounts in columns C and D)					
17	Total net average value of subsidiary capital (add amounts in column E; enter here and on line 8)					
18	Allocated subsidiary capital (add column G amounts; enter here and on line 18)					18

2008

CT-34-SH

| Staple forms here |
New York State Department of Taxation and Finance

**New York S Corporation
Shareholders' Information Schedule
Attachment to Form CT-3-S or CT-32-S**

Name
NATIONWIDE MAINTENANCE, INC.

Employer ID number
13-3987385

Schedule A — Shareholders' New York State modifications and credits (Enter the total amount reported by the New York S corporation on each line. Each shareholder must include his or her pro rata share of these amounts on his or her personal income tax return.)

Part 1 — Total shareholder modifications related to S corporation items

Additions

- 1 New York State franchise tax imposed under Article 9-A or Article 32 1.
- 2 Federal depreciation deduction from Form CT-399, if applicable (*see instructions*) 2.
- 3 Other additions (*see instructions*) 3.

Subtractions

- 4 Allowable New York depreciation from Form CT-399, if applicable (*see instructions*) 4.
- 5 Other subtractions (*see instructions and attach explanation*) 5.

Other items (*see instructions and attach explanation*)

- 6 Additions to federal itemized deductions 6.
- 7 Subtractions from federal itemized deductions 7.
- 8 New York State adjustments to federal tax preference items 8.

Part 2 — Total S corporation New York State credits and taxes on early dispositions

Investment tax credits

- 9 Investment tax credit, retail enterprise tax credit, historic barn credit, and employment incentive credit (*attach Form CT-46 and, if applicable, Form CT-46-ATT*) • 9.
- 10 Investment tax credit on research and development property (*attach Form CT-46*) • 10.
- 11 Investment tax credit for financial services industry (*attach Form CT-44*) • 11.
- 12 Tax on early dispositions — investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry (*attach Form CT-44 or CT-46*) • 12.

Empire zone (EZ) tax credits

- 13 EZ wage tax credit (*attach Form CT-601*) • 13.
- EZ capital tax credit:**
- 14 Investments in certified EZ businesses (*attach Form CT-602*) • 14.
- 15 Monetary contributions to EZ community development projects (*attach Form CT-602*) • 15.
- 16 EZ investment tax credit (*attach Form CT-603*) • 16.
- 17 EZ investment tax credit for financial services industry (*attach Form CT-605*) • 17.
- 18 Recaptured tax credit — EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial services industry (*attach Form CT-602, CT-603, or CT-605*) • 18.

Qualified empire zone enterprise (QEZE) tax credits

- 19 QEZE real property tax credit allowed (*attach Form CT-606*) • 19.
- 20 Net recapture of QEZE real property tax credit (*attach Form CT-606*) • 20.
- QEZE tax reduction credit (*attach Form CT-604*):**
- 21 QEZE employment increase factor • 21.
- 22 QEZE zone allocation factor • 22.
- 23 QEZE benefit period factor • 23.

QEZE tax reduction credit factors from partnership
(*see instructions; for multiple partnerships attach separate statement*)

- 24 QEZE partnership employer identification number • 24.
- 25 QEZE employment increase factor (*obtain factor from your partnership*) • 25.
- 26 QEZE zone allocation factor (*obtain factor from your partnership*) • 26.
- 27 QEZE benefit period factor (*obtain factor from your partnership*) • 27.

NYS A0112 12/05/08

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Part 2 – Total S corporation New York State credits and taxes on early dispositions (continued)

Farmers' school tax credit (see instructions)

28	Total acres of qualified agricultural property.....	• 28.
29	Total amount of eligible school district property taxes paid	• 29.
30	Total acres of qualified agricultural property converted to nonqualified use	• 30.
31	Total acres of qualified conservation property	• 31.

Other credits

32	Alternative fuels credit (attach Form CT-40).....	• 32.
33	Recapture of alternative fuels credit (attach Form CT-40).....	• 33.
34	Credit for employment of persons with disabilities (attach Form CT-41).....	• 34.
35	QETC employment credit (attach Form DTF-621).....	• 35.
36	QETC capital tax credit (attach Form DTF-622).....	• 36.
37	Recapture of QETC capital tax credit (attach Form DTF-622).....	• 37.
38	Empire State commercial production credit (attach Form CT-246).....	• 38.
39	Credit for purchase of an automated external defibrillator (attach Form CT-250).....	• 39.
40	Low-income housing credit (attach Form DTF-624).....	• 40.
41	Recapture of low-income housing credit (attach Form DTF-626).....	• 41.
42	Green building credit (attach Form DTF-630).....	• 42.
43	Long-term care insurance credit (attach Form CT-249).....	• 43.
44	Empire State film production credit (attach Form CT-248).....	• 44.
45	Brownfield redevelopment tax credit — site preparation credit component (attach Form CT-611)	• 45.
46	Brownfield redevelopment tax credit — tangible property credit component (attach Form CT-611).....	• 46.
47	Brownfield redevelopment tax credit — on-site groundwater remediation credit component (attach Form CT-611).....	• 47.
48	Recapture of brownfield redevelopment tax credit (attach Form CT-611).....	• 48.
49	Remediated brownfield credit for real property taxes (attach Form CT-612).....	• 49.
50	Recapture of remediated brownfield credit for real property taxes (attach Form CT-612).....	• 50.
51	Environmental remediation insurance credit (attach Form CT-613).....	• 51.
52	Recapture of environmental remediation insurance credit (attach Form CT-613).....	• 52.
53	QETC research and development property credit component (attach Form DTF-619).....	• 53.
54	QETC qualified research expenses credit component (attach Form DTF-619).....	• 54.
55	QETC qualified high-technology training expenditures credit component (attach Form DTF-619)	• 55.
56	Security officer training tax credit (attach Form CT-631).....	• 56.
57	Fuel cell electric generating equipment tax credit (attach Form CT-259).....	• 57.
58	Biofuel production credit (attach Form CT-243).....	• 58.
59	Clean heating fuel tax credit (attach Form CT-241).....	• 59.
60	Credit for taxicabs and livery service vehicles accessible to persons with disabilities (attach Form CT-239).....	• 60.
61	Rehabilitation of historic properties credit (attach Form CT-238)	• 61.
62	Recapture of rehabilitation of historic properties credit (attach Form CT-238).....	• 62.
63	Other tax credit(s) (see instructions).....	• 63.

Schedule B – Shareholders' identifying information

(Photocopy Schedule B, as needed, attach additional sheets, and mark an X in the box)

A For each shareholder enter last name, first name, middle initial on first line; enter home address on second, third, and fourth lines. (attach federal Schedule K-1 for each shareholder)		B Identifying number (SSN or EIN)	C Percentage of ownership	D Shareholder residency status (make only 1 entry) 1 for NY State 2 for city of NY 3 for city of Yonkers 4 for NYS nonres	E Shareholder entity status (make only 1 entry) I for individual F for estate or trust E for exempt organization
• 1. MARCIE MANFREDONIA 57 ROOSEVELT DR BEDFORD HIL NY 10507	• 1.	099-58-0599	100.0000	1	I
• 2.	• 2.				
• 3.	• 3.				
• 4.	• 4.				
• 5.	• 5.				
• 6.	• 6.				
• 7.	• 7.				
• 8.	• 8.				
• 9.	• 9.				
• 10.	• 10.				
• 11.	• 11.				

Schedule K-1Form
CT-3-S**New York Schedule K-1 Equivalent**For calendar year 2008 or tax year
beginning , 2008, and ending ,**2008**

Shareholder's Identification Number

099-58-0599

Corporation's Identification Number

13-3987385

Shareholder's Name, Address and ZIP Code

MARCIE MANFREDONIA
57 ROOSEVELT DR
BEDFORD HILLS, NY 10507

Corporation's Name, Address and ZIP Code

NATIONWIDE MAINTENANCE, INC.
175 MAIN STREET, STE 202
MOUNT KISCO, NY 10549Check if NYS Nonresident ☐

Number of shares: 100 From: 01-01-08 To: 12-31-08

Percentage of stock ownership: 100.00000

Shareholders' Share of Income, Credits, Deductions, Etc**New York Amount
(Nonresidents Only)****Federal
K-1 Amount**

1 Ordinary business income (loss)		-42,589.
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Interest income		
5 Ordinary dividends		
6 Royalties		
7 Net short-term capital gain (loss)		
8 Net long-term capital gain (loss)		
9 Net section 1231 gain (loss)		
10 Other income (loss)		
11 Total income (loss) (add lines 1 through 10)		-42,589.
12 Section 179 expense deduction		
13 Other deductions		1,530.
14 Total deductions (add lines 12 through 13)		1,530.
15 Investment interest expense		
16 Total foreign taxes paid		
17 Property distributions		
18 Repayment of loans from shareholders		

Schedule A, Part I – Shareholders' Shares of Changes from Federal Items**Additions**

19 New York franchise tax imposed under Article 9-A	19	
20 Federal depreciation deduction (from Form CT-399)	20	
21 Other additions	21	

Subtractions

22 Allowable New York depreciation (from Form CT-399)	22	
23 Other subtractions	23	

Other Items

24 Additions to federal itemized deductions	24	
25 Subtractions from federal itemized deductions	25	
26 New York State adjustments to federal tax preference items	26	

Schedule A, Part II – Shareholders' Shares of New York S Corporation's New York State Tax Credits and Taxes on Early Dispositions

27 Investment Tax Credit, Retail Enterprise Tax Credit, Historic Barns Credit and Employment Incentive Credit	27	
28 Investment Tax Credit on research and development property at the optional rate	28	
29 Tax on early dispositions – Investment Tax Credit, Retail Enterprise Tax Credit, Historic Barn Credit, or Research and Development Tax Credit	29	
30 Investment Tax Credit for financial services industry	30	
31 EZ Wage Tax Credit	31	
32 Investments in certified EZ business	32	
33 Monetary contributions to EZ community development projects	33	
34 EZ Investment Tax Credit	34	
35 EZ Investment Tax Credit for financial services industry	35	
36 Recaptured tax credit - EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial service industry	36	
37 QEZE credit for real property tax credit allowed	37	
38 Recapture of QEZE real property tax credit	38	
39 QEZE employment increase factor	39	
40 QEZE zone allocation factor	40	
41 QEZE benefit period factor	41	

42	QEZE partnership employer identification number.....	42
43	QEZE employment increase factor.....	43
44	QEZE zone allocation factor.....	44
45	QEZE benefit period factor.....	45
46	Total acres of qualified agricultural property.....	46
47	Total amount of eligible taxes paid.....	47
48	Total acres of qualified agricultural property converted to nonqualified use.....	48
49	Total acres of qualified conservation property.....	49
50	Alternative Fuels Credit.....	50
51	Recapture of Alternative Fuels Credit.....	51
52	Credit for employment of persons with disabilities.....	52
53	QETC employment credit.....	53
54	QETC capital tax credit.....	54
55	Recapture of QETC capital tax credit.....	55
56	Empire State commercial production credit.....	56
57	Credit for purchase of an automated external defibrillator.....	57
58	Low-income housing credit.....	58
59	Recapture of low-income housing credit.....	59
60	Green building credit.....	60
61	Long-term care insurance credit.....	61
62	Empire state film production credit.....	62
63	Brownfield redevelopment credit — site preparation credit component.....	63
64	Brownfield redevelopment credit — tangible property credit component.....	64
65	Brownfield redevelopment credit — on-site ground water remediation credit component.....	65
66	Recapture of brownfield redevelopment credit.....	66
67	Remediated brownfield credit for real property taxes.....	67
68	Recapture of remediated brownfield credit for real property taxes.....	68
69	Environmental remediation insurance credit.....	69
70	Recapture of environmental remediation insurance credit.....	70
71	QETC research and development property credit.....	71
72	QETC qualified research expenses credit.....	72
73	QETC qualified high-technology training expenditures credit.....	73
74	Security officer training credit.....	74
75	Fuel cell electric generating equipment tax credit.....	75
76	Bio fuel production credit.....	76
77	Clean laundry fuel tax credit.....	77
78	Handicapped-accessible taxicabs and livery service vehicles credit.....	78
79	Rehabilitation of historic properties credit.....	79
80	Recapture of rehabilitation of historic properties credit.....	80
81	Other tax credits.....	81

Supplemental Information

Supplemental information required to be reported by each shareholder:

New York Column

Federal Column

[illegible]

Form CT-3-S, Page 2, Line 18

Other Reductions

Charitable contributions	1,530.
Total	<u>1,530.</u>


**NYC
3L**
GENERAL CORPORATION TAX RETURN
2008

For CALENDAR YEAR 2008 or FISCAL YEAR beginning _____ 2008 and ending _____

Check box if you are filing a 52-53-week taxable year

☐ Amended return

☐ Final return

Check box if the corporation has ceased operations.

☐ Special short period return (See Instructions)

☐ Check box if a pro-forma federal return is attached

☐ Check box if you claim any 9/11/01-related federal tax benefits (see inst.)

☐ Check box to request consent to use an alternative allocation method (see instructions)

Name NATIONWIDE MAINTENANCE, INC.			EMPLOYER IDENTIFICATION NUMBER 13-3987385	
Address (number and street) 175 MAIN STREET, STE 202				
City MOUNT KISCO	State NY	ZIP Code 10549	BUSINESS CODE NUMBER AS PER FEDERAL RETURN 238900	
Business Telephone Number 914-747-6060		Date business began in NYC 01-01-01		

SCHEDULE A Computation of Tax — BEGIN WITH SCH B ON PAGE 2. COMPLETE ALL OTHER SCHS. TRANSFER APPLICABLE AMOUNTS TO SCH A.

A Payment		Payment Enclosed
Pay amount shown on line 21 — Make check payable to: <i>NYC Department of Finance</i>		0
1 Allocated net income (from Schedule B, line 27).....	1. -18561 x .0885 ..	1. 0
2a Allocated capital (from Schedule E, line 14)	2a. -10690 x .0015 ..	2a. 0
2b Total allocated capital — Cooperative Housing Corps.	2b. x .0004 ..	2b. 0
2c Cooperatives — enter: <input checked="" type="checkbox"/> BORO <input type="checkbox"/> BLOCK <input type="checkbox"/> LOT		
3 Alternative tax (see instructions) (see page 6 for worksheet)	3.	2155
4 Minimum tax — No reduction is permitted for a period of less than 12 months.	4.	300.00
5 Allocated subsidiary capital (see instructions)	5. 0 x .00075 ..	5. 0
6 Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5)	6.	2155
7 UBT Paid Credit (attach Form NYC-9.7)	7.	
8a REAP Credit (attach Form NYC-9.5)	8a.	
8b LMREAP Credit (attach Form NYC-9.8)	8b.	
9a Real Estate Tax Escalation and Employment Opportunity Relocation Cost or Industrial Business Zone Credits (att Form NYC-9.6) ...	9a.	
9b NYC Film Production Credit (attach Form NYC-9.9)	9b.	
10 Net tax after credits (line 6 less total of lines 7, 8a, 8b, 9a and 9b)	10.	2155
11 First installment of estimated tax for period following that covered by this return:		
(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT.	11a.	
(b) If application for extension has not been filed and line 10 exceeds \$1,000, enter 25% of line 10.	11b.	539
12 Sales tax addback per Administrative Code Section 11-604.12(c) and 11-604.17a(c) (see instructions) ..	12.	
13 Total of lines 10, 11a, 11b and 12	13.	2694
14 Prepayments (from Prepayments Schedule, page 6, line F) (see instructions)	14.	2716
15 Balance due (line 13 less line 14)	15.	
16 Overpayment (line 14 less line 13)	16.	22
17a Interest (see instructions)	17a	
17b Additional charges (see instructions)	17b	
17c Penalty for underpayment of estimated tax (attach Form NYC-222)	17c	22
18 Total of lines 17a, 17b and 17c	18.	22
19 Net overpayment (line 16 less line 18)	19.	
20 Amount of line 19 to be: (a) Refunded	20a.	
(b) Credited to 2009 estimated tax	20b.	
21 TOTAL REMITTANCE DUE (see instructions). Enter payment amount on line A above	21.	0
21a Issuer's allocation percentage (from Schedule E, line 15)	21a.	50.75 %
22 NYC rent from Schedule G, part 1 or NYC rent deducted on federal return — THIS LINE MUST BE COMPLETED (see instr.)	22.	0
23 Fed return filed: <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120C <input checked="" type="checkbox"/> X 1120S <input type="checkbox"/> 1120F <input type="checkbox"/> 1120RIC <input type="checkbox"/> 1120REIT <input type="checkbox"/> 1120H <input type="checkbox"/> 24 Gross recs or sales from fed rin	24.	2702894
25 EIN of Parent Corp	25	
26 Total assets from federal return	26.	107614
27 EIN of Common Parent Corp ..	27	
28 Compensation of stockholders (from Sch F, line 1) ..	28.	289800
29 Business allocation percentage (from Schedule H, line 5) — if not allocating, enter 100%	29.	50.75 %

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

 I authorize the Department of Finance to discuss this return with the preparer listed below (see instructions) YES ☒ X

SIGN HERE →	Signature of officer	Title PRESIDENT	Date	Preparer's SSN or PTIN
	JAMES DEMINNO			P00025684
PREPARER USE ONLY →	Preparer's signature	Preparer's printed name	Check if self-employed <input checked="" type="checkbox"/> X	Date 07-10-09
	JAMES DEMINNO, CPA, PC	337 NORTH MAIN STREET, SUITE 13	NEW CITY	NY 10956
Firm's name (or yours, if self-employed)			Address	ZIP Code

SCHEDULE B Computation and Allocation of Entire Net Income

1	Federal taxable income before net operating loss deduction and special deductions (see instructions)	SEE LN. 1. ST	1.	-42589
2	Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions)		2.	
3	Deductions directly attributable to subsidiary capital (attach list) (see instructions)		3.	0
4	Deductions indirectly attributable to subsidiary capital (attach list) (see instructions)		4.	0
5a	NYS Franchise Tax, including MTA surcharge and other business taxes deducted on the federal return (see instructions)		5a.	6016
5b	NYC General Corporation Tax deducted on federal return (see instructions)		5b.	
6	New York City adjustments relating to (see instructions):			
	(a) Sales and compensating use tax credit		6a.	
	(b) Employment opportunity relocation costs credit and IBZ credit		6b.	
	(c) Real estate tax escalation credit		6c.	
	(d) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z)		6d.	
7	Additions:			
	(a) Payment for use of intangibles		7a.	
	(b) Other (see instructions) (attach rider)		7b.	
8	Total additions (add lines 1 through 7b)		8.	-36573
9a	Dividends and gains from subsidiary capital (itemize on rider) (see instructions)	9a.		
9b	Interest from subsidiary capital (itemize on rider) (see instructions)	9b.		
10	50% of dividends from nonsubsidiary corporations (see instructions)	10.		
11	New York City net operating loss deduction (see instructions)	11.		
12	Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	12.		
13	NYC and NYS tax refunds included in Schedule B, line 8 (see instructions)	13.		
14	Sales tax refunds or credits from vendors or New York State. Also include on page 1, Schedule A, line 12 (see instructions)	14.		
15	Wages and salaries subject to federal jobs credit (attach federal Form 5884 and/or 8884) (see instructions)	15.		
16	Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instructions)	16.		
17	Deductions:			
	(a) Royalty income from intangibles	17a.		
	(b) Other (see instructions) (attach rider)	17b.		
18	Total deductions (add lines 9 through 17b)	18.		
19	Entire net income (line 8 less line 18) (see instructions)	19.	-36573	
20	If the amount in line 19 is not correct, enter correct amount here and explain on rider (see instructions)	20.		
21	Investment income - (complete lines a through g below) (see instructions)			
	(a) Dividends from nonsubsidiary stocks held for investment	21a.		
	(b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)	21b.		
	(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)	21c.		
	(d) Income from assets included on line 3 of Schedule D	21d.		
	(e) Add lines 21a through 21d inclusive	21e.		
	(f) Deductions directly or indirectly attributable to investment income	21f.		
	(g) Balance (subtract line 21f from line 21e)	21g.		
	(h) Interest on bank accounts included in income reported on line 21d	21h.		
22	New York City net operating loss deduction apportioned to investment income (see instructions)	22.		
23a	Investment income (line 21g less line 22)	23a.		
23b	Investment income to be allocated (see instructions)	23b.	0	
24	Business income to be allocated (line 19 or line 20 less line 23b)	24.	-36573	
25	Allocated investment income (line 23b multiplied by: _____ % - Schedule D, line 2) (see instr.)	25.	0	
26	Allocated business income (line 24 multiplied by: <u>50.75</u> % - Schedule H, line 5)	26.	-18561	
27	Total allocated net income (line 25 plus line 26 (enter at Schedule A, line 1))	27.	-18561	

S CORPORATIONS

Attach a rider to line 1 showing income and deductions from federal Form 1120S, Schedule K, lines 1 - 10 and 11 - 12d.



SCHEDULE C | **Subsidiary Capital and Allocation**

A DESCRIPTION OF SUBSIDIARY CAPITAL		B	• C	• D	• E	F	G
LIST EACH ITEM (USE RIDER IF NECESSARY)	EMPLOYER IDENTIFICATION NUMBER	% of Voting Stock Owned	Average Value	Liabilities Directly or Indirectly Attributable to Subsidiary Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E X column F)
1 Total Cols C, D and E (incl. items on rider) . . . • 1.							
2 Total Column G - Allocated subsidiary capital: Transfer this total to Schedule A, line 5. • 2.							

SCHEDULE D | **Investment Capital and Allocation**

A	B	• C	• D	• E	F	• G	• H
DESCRIPTION OF INVESTMENT	Number of Shares or Amount of Securities	Average Value	Liabilities Directly or Indirectly Attributable to Investment Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E X column F)	Gross Income from Investment
LIST EACH STOCK & SECURITY (USE RIDER IF NECESSARY)							
1 Totals (including items on rider) • 1.							
2 Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point) • 2.							
3 Cash — (To treat cash as investment capital, you must include it on this line.) • 3.							
4 Investment capital (total of lines 1E and 3E — enter on Schedule E, line 10) • 4.							

SCHEDULE E | **Computation and Allocation of Capital**Basis used to determine average value in column C. *Check one. (Attach detailed schedule.)*

	COLUMN A Beginning of Year	COLUMN B End of Year		COLUMN C Average Value
<input checked="" type="checkbox"/> — Annually <input type="checkbox"/> — Semi-annually <input type="checkbox"/> — Quarterly				
<input type="checkbox"/> — Monthly <input type="checkbox"/> — Weekly <input type="checkbox"/> — Daily				
1 Total assets from federal return.	111109	107614	• 1.	109362
2 Real property and marketable securities included in line 1.			• 2.	
3 Subtract line 2 from line 1.				109362
4 Real property and marketable securities at fair market value.			• 4.	
5 Adjusted total assets (add lines 3 and 4)			• 5.	109362
6 Total liabilities (see instructions)	110114	150738	• 6.	130426
7 Total capital (column C, line 5 less column C, line 6)			• 7.	-21064
8 Subsidiary capital (Schedule C, column E, line 1)			• 8.	
9 Business and investment capital (line 7 less line 8)(see instructions)			9.	-21064
10 Investment capital (Schedule D, line 4)(see instructions)			• 10.	0
11 Business capital (line 9 less line 10)			• 11.	-21064
12 Allocated investment capital (line 10 X _____ % from Schedule D, line 2)			12.	0
13 Allocated business capital (line 11 X _____ 50.75 % from Schedule H, line 5)			13.	-10690
14 Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)			14.	-10690
15 Issuer's allocation percentage (sum of Schedule E, line 14 and Schedule C, column G, line 2 divided by Schedule E, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 1 — see instructions)			15.	50.75 %

SCHEDULE F | **Certain Stockholders**

Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Name and Address — Give actual residence. (Attach rider if necessary)	Social Security Number	Official Title	Salary and All Other Compensation Received from Corporation (if none, enter '0')
MARICE MANFREDONIA	099-58-0599	PRESIDENT	289800
1 Total, including any amount on rider. (Enter on Schedule A, line 28) • 1.			289800

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC

Part 1 — List location of, and rent paid or payable, if any, for each place of business **INSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, Etc	Duties
Total					

Part 2 — List location of, and rent paid or payable, if any, for each place of business **OUTSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, Etc	Duties
Total					

SCHEDULE H Business Allocation — see instructions before completing this schedule

- 1 Did you make an election to use fair market value in the property factor? • 1. ☐ Yes ☒ No
 2 If this is your first tax year, are you making the election to use fair market value in the property factor? • 2. ☐ Yes ☐ No
 3 Are you a manufacturing corporation electing to use a double weighted-receipts factor? • 3. ☐ Yes ☐ No
 4 Is this the first year you are making the election? • 4. ☐ Yes ☐ No

	• COLUMN A — NYC	• COLUMN B — EVERYWHERE
1 a Real estate owned	1a. <input type="text"/>	1a. <input type="text"/>
1 b Real estate rented — multiply by 8 (see instructions) (attach rider)	1b. <input type="text"/>	1b. <input type="text"/>
1 c Inventories owned	1c. <input type="text"/>	1c. <input type="text"/>
1 d Tangible personal property owned (see instructions)	1d. <input type="text"/>	1d. <input type="text"/>
1 e Tangible personal property rented — multiply by 8 (see instructions)	1e. <input type="text"/>	1e. <input type="text"/>
1 f Total	1f. <input type="text"/>	1f. <input type="text"/>
1 g Percentage in New York City (column A divided by column B)	1g. <input type="text"/>	%

Receipts in the regular course of business from:

2 a Sales of tangible personal property where shipments are made to points within New York City	2a. <input type="text"/>	2b. <input type="text"/>
2 b All sales of tangible personal property	2b. <input type="text"/>	2b. <input type="text"/>
2 c Services performed	2c. <input type="text"/>	2c. <input type="text"/>
2 d Rentals of property	2d. <input type="text"/>	2d. <input type="text"/>
2 e Royalties	2e. <input type="text"/>	2e. <input type="text"/>
2 f Other business receipts	2f. <input type="text"/>	2f. <input type="text"/>
2 g Total	2g. <input type="text"/>	2g. <input type="text"/>
2 h Percentage in New York City (column A of line 2g divided by column B)	2h. <input type="text"/>	50.75 %
2 i Additional receipts factor (enter amount from line 2h, if applicable (see Instructions))	2i. <input type="text"/>	%
3 a Wages, salaries and other compensation of employees, except general executive officers (see instructions)	3a. <input type="text"/>	3a. <input type="text"/>
3 b Percentage in New York City (column A divided by column B)	3b. <input type="text"/>	%
4 Total of the New York City percentages shown at lines 1g, 2h, 2i and 3b	4. <input type="text"/>	50.75 %
5 Business allocation percentage (line 4 divided by three, or by the actual number of percentages used if other than three and rounded to the nearest one hundredth of a percentage point) (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2.) (see Instructions)	5. <input type="text"/>	50.75 %

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels**Part 1 Business allocation for aviation corporations**

		AVERAGE FOR THE YEAR	
		COLUMN A – NEW YORK CITY	COLUMN B – EVERYWHERE
1	Aircraft arrivals and departures	1.	
2	New York City percentage (column A divided by column B)	2.	%
3	Revenue tons handled	3.	
4	New York City percentage (column A divided by column B)	4.	%
5	Originating revenue	5.	
6	New York City percentage (column A divided by column B)	6.	%
7	Total of lines 2, 4 and 6.	7.	%
8	Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	8.	%

Part 2 Business allocation for corporations operating vessels in foreign commerce

		COLUMN A – NEW YORK CITY TERRITORIAL WATERS	COLUMN B – EVERYWHERE
1	Aggregate number of working days	1.	
2	Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	2.	%

SCHEDULE J The following information must be entered for this return to be complete.

(REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

1a New York City principal business activity . CONSTRUCTION**1b Other significant business activities (attach schedule, see instructions) . . .****1c Trade name of reporting corporation, if different from name entered on page 1. . .****2** Is this corporation included in a consolidated federal return? ☐ YES ☒ NO

If 'YES', give parent's name EIN

3 Is this corporation included in a New York City Combined General Corporation Tax Return? ☐ YES ☒ NO

If 'YES', give parent's name EIN

4 Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ☐ YES ☒ NO

If 'YES', give common parent

corporation's name, if any EIN

enter here and on page 1, line 27

5 Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? ☐ YES ☒ NOIf 'YES', by whom? ☐ Internal Revenue ServiceState period(s): ☐ Beg:☐ End:

MMDDYY

MMDDYY

☐ New York State Department of Taxation and FinanceState period(s): ☐ Beg:☐ End:

MMDDYY

MMDDYY

6 If 'YES' to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? ☐ YES ☐ NO**7** Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If 'YES', complete the following (if more than one, attach separate sheet) ☐ YES ☒ NO

Shareholder's name:

SSN/EIN:

Interest paid

to Shareholder:

Total indebtedness to share-

holder described above:

Total

interest paid:

8 Was this corporation a member of a partnership or joint venture during the tax year? ☐ YES ☒ NO

If 'YES', attach schedule listing name(s) and Employer Identification Number(s).

9 At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property?.. ☐ YES ☒ NO**10 a** If 'YES' to 9, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.**b** Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ☐ YES ☐ NO**c** Was there a partial or complete liquidation of the corporation? ☐ YES ☐ NO**d** Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ☐ YES ☐ NO**11** If 'YES' to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? ☐ YES ☐ NO**12** If 'NO' to

11, explain:

13 Does the corporation have one or more qualified subchapter S subsidiaries? ☐ YES ☒ NO

If 'YES': Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instrs)

SCHEDULE K Federal Return Information

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or pro-forma Federal return. (See instructions)

Federal 1120

		▼ Federal Amount ▼
1 Dividends	1.	
2 Interest income	2.	
3 Capital gain net income	3.	
4 Other income	4.	-42589
5 Total income	5.	-42589
6 Bad debts	6.	
7 Interest expense	7.	
8 Other deductions	8.	0
9 Total deductions	9.	0
10 Net operating loss deduction	10.	

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT
A Mandatory first installment paid with preceding year's tax		
B Payment with Declaration, Form NYC-400 (1)		
C Payment with Notice of Estimated Tax Due (2)		
Payment with Notice of Estimated Tax Due (3)	03-15-09	2416
D Payment with extension, Form NYC-EXT	03-15-09	300
E Overpayment from preceding year credited to this year		
F TOTAL of A, B, C, D, E (enter on Schedule A, line 14)		2716

Alternative Tax Worksheet	Refer to the instructions before computing the alternative tax.
Net income/loss (See instructions)	1. \$ -36573.
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.)	2. \$ 289800.
Total (line 1 plus line 2)	3. \$ 253227.
Statutory exclusion — Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)	4. \$ 40000.
Net amount (line 3 minus line 4)	5. \$ 213227.
22.5% of net amount (line 5 times 22.5%)	6. \$ 47976.
Investment income to be allocated (Schedule B, line 23b. Do not enter more than amount on line 6 above. Enter '0' if not applicable.)	7. \$ 0.
Business income to be allocated (line 6 minus line 7)	8. \$ 47976.
Allocated investment income (line 7 times investment allocation percentage from Schedule D, line 2F)	9. \$ 0.
Allocated business income (line 8 times business allocation percentage from Schedule H, line 5)	10. \$ 24348.
Taxable net income (line 9 plus line 10)	11. \$ 24348.
Tax rate	12. 8.85% (.0885)
Alternative tax (line 11 times line 12) Transfer amount to page 1, Schedule A, line 3	13. \$ 2155.

Attach copy of all pages of your federal tax return or pro forma federal tax return.

Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE

Payment must be made in U.S. dollars, drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

MAILING INSTRUCTIONS
RETURNS WITH REMITTANCES
 NYC DEPARTMENT OF FINANCE
 GENERAL CORPORATION TAX
 PO BOX 5040
 KINGSTON, NY 12402-5040

RETURNS CLAIMING REFUNDS
 NYC DEPARTMENT OF FINANCE
 GENERAL CORPORATION TAX
 PO BOX 5050
 KINGSTON, NY 12402-5050

ALL OTHER RETURNS
 NYC DEPARTMENT OF FINANCE
 GENERAL CORPORATION TAX
 PO BOX 5060
 KINGSTON, NY 12402-5060

The due date for the calendar year 2008 return is on or before March 16, 2009.
 For fiscal years beginning in 2008, file on or before the 15th day of the 3rd month following the close of fiscal year.


NYC
222
**UNDERPAYMENT OF ESTIMATED TAX
BY CORPORATIONS**
ATTACH TO YOUR TAX RETURN
2008

For CALENDAR YEAR 2008 or FISCAL YEAR beginning _____, 2008 and ending _____

Print or type ▼

Name NATIONWIDE MAINTENANCE, INC.	EMPLOYER IDENTIFICATION NUMBER 13-3987385
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Computation of Underpayment

1	2008 tax (from NYC-3L, Sch. A, line 6; NYC-4S, Sch. A, line 5; NYC-4S-EZ, Sch. A, line 3; or NYC-3A, Sch. A, line 8)	1.	2,155.
2	Sales tax addback (from NYC-3L, Schedule A, line 12 or NYC-3A, Schedule A, line 14)	2.	
3	Total of lines 1 and 2	3.	2,155.
4	Credits (from NYC-3L, Schedule A, lines 7, 8a, 8b, 9a and 9b or NYC-3A, Schedule A, lines 9, 10a, 10b, 11a and 11b)	4.	
5	Line 3 less line 4	5.	2,155.
6	90% of line 5	6.	1,940.

Enter quarterly due dates of installments →	1 – FIRST 03-17 08	2 – SECOND 06-16 08	3 – THIRD 09-15 08	4 – FOURTH 12-15 08
7 2007 Tax	7.			
8 Enter 25% of line 7 if over \$1000 or, if Form NYC-6 was filed for 2007, enter amount paid on Form NYC-6, line 4	8.			
9 Line 6 less line 8 ...	9.	1,940.		
10 Enter amount of the installments due in Quarters 2, 3 and 4 (see instructions)	10.	647.	647.	646.
11 Amount paid or credited for each period	11.			
12 Overpayment of previous installment (see instructions)	12.			
13 Total of lines 11 and 12	13.			
14 OVERPAYMENT Quarter 1 – line 13 less line 8 Quarters 2, 3 and 4 – line 13 less line 10	14.			
15 UNDERPAYMENT Quarter 1 – line 8 less line 13 Quarters 2, 3 and 4 – line 10 less line 13	15.	647.	647.	646.

→ COMPUTATION CONTINUES ON PAGE 2

Exceptions that Avoid the Underpayment Penalty

Total cumulative amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 3rd, 6th, 9th and 12th months of the taxable year	1 – FIRST QUARTER	2 – SECOND QUARTER	3 – THIRD QUARTER	4 – FOURTH QUARTER
▲ EXCEPTION 1 – Prior year's tax (2007) \$ _____ (see instructions)		50% of 2007 tax	75% of 2007 tax	100% of 2007 tax
▲ EXCEPTION 2 – Tax on prior year's facts and law using 2008 rates (attach computation) (see instructions)		Enter 50% of tax	Enter 75% of tax	Enter 100% of tax
▲ EXCEPTION 3 – Tax on annualized 2008 income (attach computation) (see instructions)		Enter 45% of tax	Enter 67.50% of tax	Enter 90% of tax
▲ EXCEPTION 4 – Tax on recurring seasonal 2008 income (attach computation) (see instructions)				

Computation of Penalty		1 - FIRST 03-17 08	2 - SECOND 06-16 08	3 - THIRD 09-15 08	4 - FOURTH 12-15 08
16	Enter the date of payment or the 15th day of the 3rd month after the close of the taxable year, whichever is earlier	16.	03-16-09	03-16-09	03-16-09
17	Number of days from due date of installment to the date shown on line 16	17.	273	182	91
18	Number of days on line 17 after 3/15/2008 and before 4/1/2008	18.			
19	Number of days on line 17 after 3/31/2008 and before 7/1/2008	19.	14		
20	Number of days on line 17 after 6/30/2008 and before 10/1/2008	20.	92	15	
21	Number of days on line 17 after 9/30/2008 and before 1/1/2009	21.	92	92	16
22	Number of days on line 17 after 12/31/2009 and before 4/1/2009	22.	75	75	75
23	Number of days on line 17 after 3/31/2009 and before 7/1/2009	23.			
24	Number of days on line 17 after 6/30/2009 and before 10/1/2009	24.			
25	Number of days on line 17 after 9/30/2009 and before 1/1/2010	25.			
26	Number of days on line 17 after 12/31/2009 and before 3/15/2010	26.			
27	No. of days on line 18 x 9% x amount on line 15 366	27.			
28	No. of days on line 19 x 8% x amount on line 15 366	28.	2.		
29	No. of days on line 20 x 7% x amount on line 15 366	29.	11.	2.	
30	No. of days on line 21 x % x amount on line 15 366	30.	2.	2.	0.
31	No. of days on line 22 x % x amount on line 15 365	31.	1.	1.	1.
32	No. of days on line 23 x % x amount on line 15 365	32.			
33	No. of days on line 24 x % x amount on line 15 365	33.			
34	No. of days on line 25 x % x amount on line 15 365	34.			
35	No. of days on line 26 x % x amount on line 15 365	35.			
36	Add lines 27 through 35	36.	16.	5.	1.
37	To complete this line, refer to the instructions for line 37	37.			
38	Add the amounts on line 36 (or line 37, if applicable) for quarters 1 through 4. Enter total and transfer amount to Form NYC-4S, Schedule A, line 11c or Form NYC-3L, Schedule A, line 17c or Form NYC-3A, Schedule A, line 19c. (see instructions for line 37)	38.			22.

*For the applicable rate of interest after 12-31-08, call: 212-504-4036
or consult the Department of Finance website at nyc.gov/finance

Form NYC-3L,
Sch B, Line 1
Form NYC-4S,
Sch B, Line 1
Form NYC-4S-EZ,
Sch B2, Line 1

**Federal Taxable Income Before Net
Operating Loss and Special Deductions**

► Attach to Form NYC-3L, NYC-4S or NYC-4S-EZ

2008

Statement LN 1

Name as Shown on Return
NATIONWIDE MAINTENANCE, INC.

Employer Identification No.
13-3987385

Income (Loss)

1	Ordinary income (loss) from trade or business activities	1	-42,589.
2	Net income (loss) from rental real estate activities	2	
3	Net income (loss) from other rental activities	3	
4	Interest income	4	
5	Dividend income	5	
6	Royalty income	6	
7	Net short-term capital gain (loss)	7	
8	Net long-term capital gain (loss)	8	
9	Net gain (loss) under section 1231 (other than casualty or theft)	9	
10	Other income (loss)		
	Total other income (loss)	10	
11	Total income (loss)	11	-42,589.

Deductions

12	Interest expense on investment debts	12	
13	Section 59(e)(2) expenditures	13	
	Other deductions		
14	Total other deductions	14	
15	Foreign taxes	15	
16	Depletion (oil and gas)	16	
17	Total deductions	17	
18	Net income before adjustments	18	-42,589.
19	Section 179 expense deduction	19	0.
20	Charitable contributions (limited to 10% of taxable income)	20	0.
21	Total Federal Taxable Income	21	-42,589.